

12-09-04

PART B - FEE(S) TRANSMITTAL

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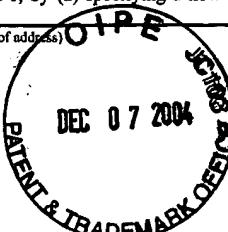
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24033 7590 09/07/2004
KONRAD RAYNES & VICTOR, LLP
315 S. BEVERLY DRIVE
210
BEVERLY HILLS, CA 90212

12/10/2004 MWOLDE2 00000124 09670736

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<i>Patricia McLaughlin</i>	(Depositor's name)
<i>Patricia McLaughlin</i>	(Signature)
12-7-04	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/670,736	09/27/2000	William J. Rooney	POU920000103US1	7694

TITLE OF INVENTION: SYSTEM, METHOD, AND PROGRAM FOR DETERMINING THE AVAILABILITY OF PATHS TO A DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SORRELL, ERON J	2182	710-038000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). *1. David W. Victor*
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. *2. Konrad, Raynes & Victor LLP*
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. *3.*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number *50-0585* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

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Typed or printed name *David W. Victor*

Registration No. *39,867*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FEE TRANSMITTAL****for FY 2004**

FEE TRANSMITTAL		Application Number	09/670,736
	Filing Date	September 27, 2000	
	Inventor	W.J. Rooney et al.	
	Group Art Unit	2182	
	Examiner Name	Eron J. Sorrell	
Total Amount of Payment: \$1,370.00	Attorney Docket Number	POU920000103US1	

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 50-0585
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FEE CALCULATION

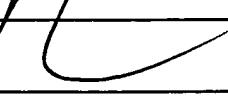
1. BASIC FILING FEE	
Utility Filing Fee:	
Large Entity Fee Code 101	\$790.00
Fee Submitted:	\$ _____
2. EXTRA CLAIMS FEES	
Total Claims _____ - 20* x \$18=	\$ _____
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Claims _____ - 3* x \$88=	\$ _____
Multiple Dependent \$300	\$ _____
Subtotal	\$ _____

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<input type="checkbox"/> Other:	
SUBTOTAL	<u>\$1370.00</u>

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Submitted by:

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	
Date: December 7, 2004	Telephone: (310) 553-7977


24033
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